

April 20, 2006

**MESSAGE FROM THE UNDER SECRETARY FOR HEALTH
VA Mumps Advisory #1**

**Midwest Mumps Outbreak
Recommendations for VHA Healthcare Providers**

1. Background: Iowa and nearby states (Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, South Dakota, and Wisconsin) have been experiencing an outbreak of mumps that began in December 2005. Veterans and Department of Veterans Affairs (VA) healthcare facility staff have been and are likely to continue to be affected.

2. Discussion: According to the most recent data (April 19) from CDC, more than 1000 cases have been reported from eight states. The median age of cases is 21 (the age range is 1 to 80). Nineteen percent of cases are currently attending college; 74 percent have a history of having received measles-mumps-rubella vaccine (MMR) and 64 percent have a history of two MMRs. Within VHA in the Midwest, at least three veterans and one staff member have reported symptoms; two of these were seropositive (confirmed mumps) and two were seronegative (not likely to be mumps). Although the epidemic appears to have had minimal effect on VA operations in Midwestern states, new cases are still occurring. Since information indicates that even persons who received the two recommended doses of vaccine may not be immune, a group of VHA staff representing the Infectious Disease Program, Emergency Management, Occupational Health and Public Health convened to develop recommendations on testing for immunity to mumps and/or vaccinating VHA healthcare providers and patients in affected areas.

3. Goal of Recommendations: The goal of these recommendations is it to keep VHA healthcare providers and VHA patients from getting and transmitting mumps. This group considered the following in deciding whether to a) recommend laboratory testing for mumps immune status before offering vaccinating or b) offering vaccine without laboratory testing:

- Lab results to assess immune status for mumps (IgM) are generally returned in 10-14 days
- The vaccine is approximately 80% effective after 1 dose, and it takes 2 to 4 weeks for protection from mumps to develop after vaccinating
- It is considered safe to vaccinate with MMR even if one has been vaccinated before (with limitations for certain people who should not receive live virus vaccines, i.e. pregnant women, persons with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS), persons with other immune system diseases, persons with immunosuppression from drugs, cancer or cancer treatment)
- A delay in waiting for laboratory results added to the time it takes for protective immunity to develop could result in increased exposure to mumps and subsequent mumps transmission, therefore we advise offering vaccine first, without waiting for laboratory testing

4. Recommended Actions: *NOTE: These recommendations will be updated as warranted.*

a. For VHA healthcare providers in affected areas (Iowa and any other areas with cases in communities surrounding VHA facilities):

1. Offer mumps vaccine (MMR) to healthcare providers, even in the presence of known history of vaccination or clinical disease, except to those who should not receive live virus vaccines (These persons should NOT be given MMR which is a live virus vaccine: pregnant women, persons with HIV/AIDS, persons with other immune system diseases, persons with immunosuppression from drugs, cancer or cancer treatment.)
2. If the healthcare provider declines vaccine, offer serological tests (mumps IgG).
3. Re-offer vaccine to the healthcare provider if the test results indicate lack of immunity.

b. For residents, interns, and other trainees working in VHA healthcare facilities in affected areas: Share these recommendations with the trainee's home institution and advise that the trainee be offered the same options.

c. For VHA patients in affected areas:

Offer vaccine or testing to those who have clinical indication or who request it.

d. For VHA healthcare providers in non-affected areas:

No specific recommendations for the present. The team will follow the epidemic and make recommendations as warranted.

e. Employ non-vaccine strategies to control mumps:

1. Identify and isolate suspect cases.
2. Communicate with and report to local and state public health, as appropriate.
3. Make local decisions about removing susceptible healthcare providers from areas of potential transmission.
4. Practice handwashing and respiratory hygiene.

4. Contacts (contact information available in the Global Outlook Address Book)

Office of Public Health and Environmental Hazards:

Public Health Strategic Healthcare Group (SHG):

Mark Holodniy, MD
or Victoria Davey, RN, MPH

Occupational Health Program:

Michael Hodgson, MD, MPH
or Pamela Hirsch, NP

Emergency Management SHG:

Michael Vojtasko
or Geraldine Coyle, RN, EdD

Office of Patient Care Services:

Infectious Diseases Program:

Gary Roselle MD or Linda Danko, RN, MSN

Pharmacy Benefits Mgmt SHG:

Virginia Torrise, PharmD or Joseph Canzolino, RPh

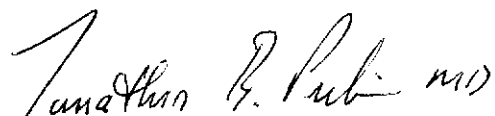
Pathology and Laboratory Medicine Service:

Fred H. Rodriguez, MD or Michael A. Brophy

5. Resources:

CDC mumps web site: <http://www.cdc.gov/nip/diseases/mumps/default.htm>

Thank you for your efforts to protect our staff and veteran patients from this illness.

A handwritten signature in cursive script that reads "Jonathan B. Perlin MD".

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Under Secretary for Health